



APPLICATION FOR EMPLOYMENT

Administration Building: 15 Mountain Blvd, Watchung, NJ 07069 Fax: 908-757-7027

Application Date: _____

Name: _____

Position Applied For: _____

Department: _____

The Borough of Watchung considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, handicap or disability, sexual orientation, domestic partnership or any other legally protected status.

A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS FORM IN ITS ENTIRETY

All information will be verified and all references will be checked. Information will be kept confidential to the extent permitted by law.

DO NOT WRITE IN THIS BOX

RECOMMEND FOR EMPLOYMENT: ☐ Yes ☐ No **IF NO, HOLD FOR FUTURE USE?** ☐
Yes ☐ No

IF YES, START DATE: _____

SIGNATURE: _____ **DATE:** _____

I. PERSONAL

LAST NAME	FIRST	MIDDLE
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)		TELEPHONE NUMBER
PERMANENT ADDRESS (IF DIFFERENT FROM PRESENT)		TELEPHONE NUMBER
ARE YOU 18 YEARS OF AGE OR OLDER? (If no, you will be required to show proof of eligibility to work)		<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? (Proof of US citizenship or work authorization status will be required upon employment)		<input type="checkbox"/> Yes <input type="checkbox"/> No
NAMES OF RELATIVE OR FRIENDS EMPLOYED BY THE BOROUGH OF WATCHUNG:		
HAVE YOU EVER BEEN EMPLOYED BY THE BOROUGH OF WATCHUNG? IF YES, STATE WHEN.		<input type="checkbox"/> Yes <input type="checkbox"/> No

II. POSITION AND PERSONAL INTERESTS

TITLE OF POSITION APPLIED FOR	\$	PER
SALARY DESIRED		
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE AVAILABLE TO START WORK	HOW WERE YOU REFERRED TO US?
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU HAVE A CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PLEASE SIGN TO INDICATE YOUR AUTHORIZATION FOR THE BOROUGH TO PERFORM A RECORD CHECK OF THE DIVISION OF MOTOR VEHICLES' FILES, UPON AN OFFER OF EMPLOYMENT BY THE BOROUGH:		

III. EDUCATION AND TRAINING

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL OR EQUIVALENT			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TECHNICAL OR COMMERCIAL			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (SPECIFY)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU TAKING ANY COURSE OF STUDY NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS:				DATE TO BE COMPLETED:	
LIST ANY SCHOLASTIC HONORS, HONORARY SOCIETIES, FELLOWSHIPS AND SCHOLARSHIPS:					
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS OR EXTRA-CURRICULAR ACTIVITIES (i.e. EMT or fire fighting training and participation, etc.) Exclude those that indicate race, religion, sex, age, national origin or other protected classification:					
IF YOU HAVE EMT OR FIRE FIGHTING CERTIFICATION, WOULD YOU BE WILLING TO VOLUNTEER FOR THE BOROUGH DURING YOUR WORKDAY?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
WHAT COMPUTER SKILLS DO YOU HAVE? (IF APPLICABLE)					

IV. EMPLOYMENT HISTORY

Please account for all periods of employment, including U.S. Armed Forces experience, periods of travel and self-employment; List present or last employer first. If more space is desired, please use an additional application for another copy of this page.

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATES EMPLOYED FROM / MONTH YEAR TO / MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT
YOUR POSITION OR TITLE:		REASON FOR LEAVING:
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []		

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATES EMPLOYED FROM / MONTH YEAR TO / MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT
YOUR POSITION OR TITLE:		REASON FOR LEAVING:
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []		

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATES EMPLOYED FROM / MONTH YEAR TO / MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT
YOUR POSITION OR TITLE:		REASON FOR LEAVING:
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []		

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TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT
YOUR POSITION OR TITLE:		REASON FOR LEAVING:
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []		

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATES EMPLOYED FROM / MONTH YEAR TO / MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT
YOUR POSITION OR TITLE:		REASON FOR LEAVING:
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []		

V. OUTSIDE ORGANIZATIONS

ARE YOU AFFILIATED WITH ANY OTHER COMPANY THE REQUIRES WORK OF YOU?
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN
ARE YOU ENGAGED IN ANY PERSONAL BUSINESS OR ENTERPRISE?
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN
IN WHAT BUSINESS, PROFESSIONAL OR SCIENTIFIC ASSOCIATIONS DO YOU HOLD MEMBERSHIP? Exclude those that indicate race, religion, sex, age, national origin or other protected classification.
DESCRIBE ANY OTHER EXPERIENCE THAT MIGHT BE HELPFUL IN CONSIDERING YOUR APPLICATION. (Other work experience, internships, school activity, apprenticeships, etc.)

VI. REFERENCES

EXCLUDE RELATIVES BUT PROVIDE THREE (3) PERSONS NOT PREVIOUSLY MENTIONED WHO ARE MOST FAMILIAR WITH YOUR WORK, ABILITY AND TRAINING.

NAME	RELATIONSHIP	POSITION	ADDRESS	TELEPHONE

VII. ESSENTIAL FUNCTIONS

Do not answer this question without first reviewing the Job Description

ARE YOU ABLE TO PERFORM THE ESSENTIAL REQUIREMENTS OF THE JOB, WITH OR WITHOUT REASONABLE ACCOMODATION? <input type="checkbox"/> Yes <input type="checkbox"/> No
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VIII. RELEASE OF APPLICATION

IF YOU ARE UNSUCCESSFUL IN YOUR CANDIDACY FOR A POSITION WITH THE BOROUGH, DO YOU WISH YOUR APPLICATION TO BE DISCLOSED? <input type="checkbox"/> Yes <input type="checkbox"/> No

IX. APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I release former employers and others from any liability that might arise from the disclosure of information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

I understand that misrepresentation or omission of facts called for is basis for borough refusal to process application further or, in the event of employment, cause for dismissal. I fully and completely understand that as a condition of employment, I must be able to perform all duties of the position applied for. I also understand that if employed, by the borough, I must abide by all rules and regulations of the employer.

I understand that any offer of employment may be subject to job-related medical, physical, drug or psychological tests. I also understand that some of the positions involving public safety, public works and access to confidential information may involve complete background and criminal checks.

Signature of Applicant:

Date: